

PHA Plans

5 Year Plan for Fiscal Years 2013- 2016

Annual Plan for Fiscal Year 2012

NC005v01 FY2012

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of New Bern</u> PHA Code: <u>NC005</u> PHA Type: <u>Standard</u> PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2012</u>									
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>579</u> Number of HCV units: <u>0</u>									
3.0	Submission Type 5-Year and Annual Plan									
4.0	PHA Consortia: (Check box if submitting a joint Plan and complete table below.) PHA Consortia									
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program					
					<table border="1"> <tr> <td>P</td> <td>H</td> <td>H</td> <td>C</td> <td>V</td> </tr> </table>	P	H	H	C	V
P	H	H	C	V						
	PHA 1:									
	PHA 2:									
	PHA 3:									
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.									
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Our mission is the same as that of the Department of HUD which is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.									
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Our goals and objectives are to: reduce vacancies; improve our PHAS score; increase customer satisfaction; concentrate on efforts to improve our maintenance quality and timeliness; concentrate on efforts to improve and reduce the vacancy rate and unit turn-around times; improve the physical appearance and conditions of the buildings; reduce the vacancy rate and unit turn-around time; continue modernization of existing units; implement security improvements; promote safety of the residents through better coordination and cooperation of the New Bern Police Department; continue to attempt to attract supportive services to improve assistance recipients' employability; continue to undertake affirmative measures to ensure access to assisted housing and to undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status, or disability; and, to undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. Our Violence Against Women Act policy and procedures was incorporated into our ACOP in 2009. We have had no inquiries regarding this policy during the last year. We continue to meet our goals and objectives in reducing the number of vacancies in our public housing units by maintaining a 98% occupancy rate. We continue to refine procedures to reduce the number of days a unit remains vacant by improving the work flow to ready the empty unit and by having approved applicants ready to move in as soon as the empty unit preparation is completed. We continue to work with the city police department to devise ways to further protect our residents which includes the initiation of regular Neighborhood Watch meetings to discuss problems and solutions. We continue to work with the County Social Services Department as well as several other governmental and private agencies to provide assistance to eligible persons. The road and parking area refurbishment was completed in AMP-1									

using CFP funds. Using CFRC funds, we have completed replacing the weather stripping, door sweeps and thresholds on all entry doors, replaced roofs on the office buildings and maintenance buildings in both AMP-1 and AMP-2; new umbrella style clothes lines were installed and old poles and wires were removed. CFRC funds were used in AMP-1 to re-point the bricks on thirteen buildings, replace refrigerators and water heaters with energy star/energy efficient equipment; replace defective insulated window panes; replace aged A/C unit with energy star HVAC on the office building; and replaced a defective/leaky exterior wall on the day care center building. Hurricane Irene hit eastern North Carolina at the end of August. Most repairs to all affected apartments and buildings have been completed at this writing. The office spaces in the Trent Court office are still undergoing renovations and repairs with a completion anticipated by the end of 2011.

We strive to improve the apartments and make them competitive with other apartment complexes throughout the city. We want our apartments to be a way for residents to improve their lives and not a place of last choice for their housing needs. Although we attempt to make our facilities as accommodating as possible, we endeavor to also help our residents reach for a way of life which they can sustain.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

1. The ACOP has been reviewed with significant changes.
2. Financial Resources. Following is a chart of financial resources that are anticipated to be available for the support of our public housing program administered by the PHA during FY2011.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011 grants)		
a) Public Housing Operating Fund	2,427,871	PH Operations
b) Public Housing Capital Fund	787,472	Modernization PHA WIDE
c)		
2. Prior Year Federal Grants (unobligated funds only)		
CFP NC19P00550110	128,924	Modernization PHA WIDE
3. Public Housing Dwelling Rental Income		
Dwelling Rents	2,638,530	PH Operations
4. Other income (list below)		
Child Care Facility Rental	6,000	PH Operations
Total resources	5,988,797	

The table assumes that Federal public housing funds are expended on eligible purposes; therefore, uses of these funds are not stated.

3. The latest fiscal audit showed no noncompliance Reportable Condition.

	<p>4. A public hearing/Resident Advisory Board meeting was held on October 11, 2011 at 6:00 p.m. at the Trent Court Office, 837 S. Front Street, New Bern, NC. One resident and one Housing Authority staff member attended the public hearing and the RAB meeting. No comments were received prior to or after the hearing regarding the 5-Year and Annual PHA Plan.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>1. The public may obtain a copy of the 5-Year and Annual PHA Plan from either of our AMP administrative offices which are located at:</p> <p>837 South Front Street, New Bern, North Carolina 28560,</p> <p>or at:</p> <p>601 Roundtree Street, New Bern, NC 28560</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs if applicable.</i></p> <p>N/A.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>See Attached following after 11.0</p>
8.2	
8.3	<p>Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>N/A</p>

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Statement of Housing Needs:

a. The source of information used to conduct our analysis is the 2011-2015 State of North Carolina Consolidate Plan. Based on population, the City of New Bern is not required by the State of North Carolina to prepare a Consolidate Plan. In lieu of preparing a plan, the city utilizes the NC Consolidated Plan. The State Consolidated Plan is general in nature and does not specifically address the needs of New Bern or any other specific location in the state. The general consensus in the state plan is that there is a need for housing throughout the state.

b. Housing Needs of Families on the Public Housing Waiting List:

Housing Needs of Families on the Waiting List			
	# of families	% of total families	Annual Turnover
Waiting list total	212		10%
Extremely low income <=30% AMI	192	91%	
Very low income (>30% but <=50% AMI)	16	8%	
Low income (>50% but <80% AMI)	4	2%	
Families with children	180	85%	
Elderly families	4	2%	
Families with Disabilities	28	13%	
Race/ethnicity (black)	193	91%	
Race/ethnicity (white)	17	8%	
Race/ethnicity (Hispanic)	4	2%	
Race/ethnicity (Asian)	0	<1%	
Race/ethnicity (Indian/Alaskan)	0	<1%	
1 BR	92	43%	
2 BR	56	26%	
3 BR	20	9%	
4 BR	11	5%	
5 BR	1	<1%	
5+ BR	0	0%	
The Waiting List is not closed and has not been closed during the last fiscal year.			

c. Strategy for Addressing Needs: We will maximize the number of units within our current resources by employing effective maintenance and management policies to minimize the number of public housing units off-line; we will reduce the turnover time for vacated public housing units; we will reduce the time to renovate public housing units; and, we will undertake measures to ensure access to affordable housing among assisted families regardless of the unit size required.

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>There is a need for affordable housing for all eligible populations. We will maximize the number of affordable units available to us through our current inventory by employing effective maintenance and management policies to minimize the number of public housing units off-line, by reducing the turnover time for vacated units; by reducing time to renovate units, and we will undertake measures to ensure access to affordable housing among assisted families, regardless of the unit size required. The Housing Authority owns and operates a Section 8 New Construction hi-rise for the elderly (New Bern Towers). Any applicant who meets the age requirements for New Bern Towers are offered an opportunity to apply at that facility when units are available. Assistance is available to families with disabilities in that we have modified a number of apartments (which meets HUD’s minimum requirements) and we have the ability to modify other apartments for speech and hearing impaired individuals.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Housing Authority continues to provide safe, decent and affordable housing. We have maintained our occupancy rate in excess of 98% and have reduced our turn-around time to facilitate a faster move-in of new residents. We continue to strive for a reduction in the down time and vacancy days of apartments being readied for re-letting. We have completed the replacement of all sidewalks in both AMP-1 and AMP-2, and have completed replacement of roads and parking areas in both AMP-1 and AMP-2. We have procured energy star refrigerators and 100 gallon gas fired water heaters as well as energy efficient water heaters for AMP-1 as well as a contractor to install the water heaters; furthermore, we have purchase 125 energy-star refrigerators for AMP-2. We have completed the re-pointing bricks on thirteen buildings in AMP-1. We have also completed the replacement of one leaky exterior wall on the day care center. These items were included in the previous five year plan. We are making good progress in making improvements to our neighborhoods for our residents. We will continue to look forward to undertaking those items and tasks that provide a better place to live for our residents.</p> <p>We are now in the process of identifying old water cut off valves to each building and devising a plan in order to contract for upgrades and replacements. We also anticipate a program of upgrading and remodeling bathrooms in each apartment and anticipate this work can be completed when units come off line with the move-out of residents. Funding will dictate the speed at which these renovations can be made. We continue to concentrate on using modernization funds to undertake “necessities” and will undertake projects that are “niceties” if funds become available.</p> <p>We’ve increase our efforts of screening applicants to ensure the safety of all residents.</p> <p>We’ve refined our procedures for collecting monies owed the housing authority in order to keep our accounts receivable current and to use the legal process prudently and timely when necessary. We have streamlined our procedures for terminating leases in order to give residents an opportunity to retain their apartments.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Our definition of “Significant Amendment/Substantial Deviation” is:</p> <p>Any changes to this Plan, whether as an amendment or deviation from this plan, which would have a financial or material impact on any resident will require the 30 day review/comment period requirement to be met prior to becoming effective. The following are examples which are provided to help define Significant Amendment/Substantial Deviation. Example: Procedures for calculating rent that would cause an increase in the amount of rent due from any resident; Adjusting the flat rent upwards; Change to the Pet Policy where the size, weight or breed is amended which would cause any resident to have to remove their pet in order to comply; Designation of any area within any project for a specific group of residents, such as the elderly; or, starting a task under the Capital Fund Program, which had never been included as part of the 5-Year Plan, which would significantly redirect the use of capital funds from a program already underway.</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name:		Grant Type and Number			FFY of Grant: 2012
Housing Authority of the City of New Bern		Capital Fund Program Grant No: NC19P00550112 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant Approval:
					2012
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/1/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	20,000			
4	1410 Administration (may not exceed 10% of line 21)	65,700			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	30,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	596,581			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Non-dwelling Structures	40,000			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name:	Grant Type and Number	FFY of Grant:			
Housing Authority of the City of New Bern	Capital Fund Program Grant No: NC19P00550112 Replacement Housing Factor Grant No: Date of CFFP:	2012			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0		
19	1502 Contingency (may not exceed 8% of line 20)	0	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	787,472	0		
21	Amount of line 20 Related to LBP Activities	0	0		
22	Amount of line 20 Related to Section 504 Activities	0	0		
23	Amount of line 20 Related to Security - Soft Costs	0	0		
24	Amount of line 20 Related to Security - Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	120,000	0		
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550112 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE - Admin	Clerk of the Works - Salary & Benefits	1410	1	62,000				
PHA WIDE- Fees & Costs	A & E Services	1430	1	40,000				
PHA WIDE- Site Improvements	Landscape – replacement of shrubs and trees	1450		15,000				
PHA WIDE - Dwelling Equipment Non-Expendable	Electric Range Replacement Refrigerator Replacement	1465	40	20,000				
PHA WIDE - Dwelling Structures	Vacant Apartment Prep and painting; interior wiring	1460	100	300,000				
PHA WIDE - Management Improvements Soft Costs	Computer Upgrade - Software (labor)	1408		20,000	0			
PHA WIDE Management Improvements - Hard Costs	Computer Upgrade - Hard Costs (Material)	1408		20,000	0			
PHA WIDE – Dwelling Structures	Bathroom upgrades per apartment	1460	44	310,472				

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² To be completed for the Performance and Evaluation Report.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name:		Grant Type and Number			FFY of Grant: 2011
Housing Authority of the City of New Bern		Capital Fund Program Grant No: NC19P00550111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant Approval:
					2011
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/1/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	20,000			
4	1410 Administration (may not exceed 10% of line 21)	65,700			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	30,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	596,581			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Non-dwelling Structures	40,000			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern	Grant Type and Number Capital Fund Program Grant No: NC19P00550111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2011 FFY of Grant Approval: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2011</div>			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/15/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	787,281			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	8,000			
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550111 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE Management Improvements Hard Costs	Computer Upgrade – software (labor)	1408		10,000				
PHA WIDE – Management Improvements Soft Costs	Computer Upgrade - hard costs (material)	1408		10,000				
PHA WIDE - Admin	Clerk of the Works - Salary & Benefits	1410	1	65,700				
PHA WIDE- Fees & Costs	A & E Services	1430	1	30,000				
AMP-1 Trent Court Site Improvement	Plant trees and shrubs around Trent Court Office parking area	1450		15,000				
PHA WIDE – Dwelling Structures	replace front porches; increase size of porch deck, install porch canopy over old canopy	1460	50	241,581				
PHA WIDE Dwelling Structures	Install Water cut-off valves for each building	1460	78	100,000				
PHA WIDE - Dwelling Structures	Vacant Apartment Prep and painting; interior wiring	1460		250,000				
PHA WIDE – Dwelling Equipment - Nonexpendable	Electric Range Replacement Refrigerator Replacement	1465	40 20	20,000				
AMP-1 Trent Court Non-Dwelling Structure	Construct new porch with railings on Trent Court Office Building	1470	1	40,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority fo the City of New Bern				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA WIDE - Admin	8/2/2013		8/2/2015		
PHA WIDE Fees and Costs	8/2/2013		8/2/2015		
PHA WIDE Dwelling Equipment Non-Expendable	8/2/2013		8/2/2015		
PHA WIDE Dwelling Structures	8/2/2013		8/2/2015		
PHA WIDE Management Improvements	8/2/2013		8/2/2015		
AMP-1 Trent Court Non-Dwelling Structures	8/2/2013		8/2/2015		
AMP-1 Trent Court Site Improvement	8/2/2013		8/2/2015		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/15/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	40,000	1,333.81	1,333.81	
4	1410 Administration (may not exceed 10% of line 21)	59,175	59,175	53,755.46	
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	40,000	45,711.59	45,711.59	
8	1440 Site Acquisition	0			
9	1450 Site Improvement	437,016	163,793.78	163,793.78	
10	1460 Dwelling Structures	300,000	354,787.00		
11	1465.1 Dwelling Equipment—Nonexpendable	40,000	71,493.23	71,493.23	
12	1470 Non-dwelling Structures	6,000	11,872.18	11,872.18	
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/15/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	922,191			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	98,000	46,000		
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550110 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: <div style="text-align: center;">2010</div>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE - Admin	Clerk of the Works - Salary & Benefits	1410	1	59,000.00				
PHA WIDE- Fees & Costs	A & E Services	1430	1	40,000.00				
PHA WIDE - Site Improvement	Sidewalk & Road Repair/Replacement	1450		386,519.00				
PHA WIDE - Dwelling Equipment Non-Expendable	Electric Range Replacement Refrigerator Replacement	1465	30 50	15,000.00 25,000.00				
PHA WIDE - Dwelling Structures	Vacant Apartment Prep and painting; interior wiring	1460		300,000.00				
PHA WIDE Management Improvements - Soft Costs	Computer Upgrade - software (labor)	1408		20,000.00				
PHA WIDE _ Management Improvements Hard Costs	Computer Upgrade - hard costs (material)	1408		20,000.00				
AMP-1 Non-Dwelling Structures	Roof Replacement, Central Office; Roof Replacement, Maintenance Building; cut hole and install personnel door, Maintenance Building	1470		27,000.00				
AMP-2 non-Dwelling Structures	Roof Replacement, Office Building; Roof Replacement, Maintenance Building; Install new front porches	1470		25,000.00				
AMP-2 Non-Dwelling Equipment	Replace interior lights, Maintenance Building	1475		2,000.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name:		Grant Type and Number			FFY of Grant: 2009
Housing Authority of the City of New Bern		Capital Fund Program Grant No: NC19P00550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant Approval: 2009
					REVISED
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Revised Annual Statement (revision no _____) X <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0		
2	1406 Operations (may not exceed 20% of line 21) ³	0	0		
3	1408 Management Improvements	40,000.00	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	41,365.00	41,365.00	41,365.00	41,365.00
5	1411 Audit	0	0		
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	52,843.64	53,031.14	53,031.14	53,031.14
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	365,958.79	655,080.69	655,080.69	655,080.69
10	1460 Dwelling Structures	441,406.71	138,429.77	138,429.77	138,429.77
11	1465.1 Dwelling Equipment—Nonexpendable	22,119.86	20,951.58	20,951.58	20,951.58
12	1470 Non-dwelling Structures	0.00	14,835.82	14,835.82	14,835.82
13	1475 Non-dwelling Equipment	0	0		
14	1485 Demolition	0	0		
15	1492 Moving to Work Demonstration	0	0		
16	1495.1 Relocation Costs	0	0		
17	1499 Development Activities ⁴	0	0		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009 <p style="text-align: center;">REVISED</p>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0		
19	1502 Contingency (may not exceed 8% of line 20)	0	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	923,694	923,694	923,694.00	923,694.00
21	Amount of line 20 Related to LBP Activities	0	0		
22	Amount of line 20 Related to Section 504 Activities	0	0		
23	Amount of line 20 Related to Security - Soft Costs	0	0		
24	Amount of line 20 Related to Security - Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	20,000	35,787.82		
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC19P00550109 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 REVISED			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE - Admin	Clerk of the Works - Salary & Benefits	1410	1	41,365.00	41,365.00	41,365.00	41,365.00	complete
PHA WIDE- Fees & Costs	A & E Services	1430	1	52,843.64	53,031.14	53,031.14	53,031.14	complete
PHA WIDE - Site Improvement	Road Repair/Replacement	1450		365,958.79	655,080.69	655,080.69	655,080.69	complete
PHA WIDE - Dwelling Equipment Non-Expendable	Electric Range Replacement Refrigerator Replacement	1465	30 50	22,119.86	20,951.58	20,951.58	20,951.58	complete
PHA WIDE - Dwelling Structures	Vacant Apartment Prep and painting; interior wiring	1460		441,406.71	138,429.77	138,429.77	138,429.77	complete
PHA WIDE - Management Improvements Soft Costs	Computer Upgrade - Software (labor)	1408		0	0	0	0	Deferred
PHA WIDE Management Improvements - Hard Costs	Computer Upgrade - Hard Costs (Material)	1408		0	0	0	0	Deferred
AMP-1 Non-Dwelling Structure	Replace shingle roof at Charles Taylor Day Care Center	1470		0	14,835.82	14,835.82	14,835.82	completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Housing Authority fo the City of New Bern	Federal FFY of Grant: 2009 REVISED
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Federal FFY of Grant: 2009 REVISED[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern P.O. Box 1486 New Bern, NC 28563 AMP-1 (Trent Court)		Grant Type and Number Capital Fund Program Grant No: NC0050000109R (CFRC) Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 CFRC FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending _____					
Revised Annual Statement (revision no: _____) X <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,114,050	825,250.85	810,294.02	810,294.02
11	1465.1 Dwelling Equipment—Nonexpendable	23,550	286,850.35	286,289.47	286,289.47
12	1470 Non-dwelling Structures	84,730	110,228.80	110,228.80	110,228.80
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern	Grant Type and Number Capital Fund Program Grant No: NC0050000109R (CFRC) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 CFRC FFY of Grant Approval: <div style="text-align: right;">2009</div>			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: x <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,222,330	1,222,330	1,222,330	1,222,330
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	1,222,330	1,222,330	1,222,330	1,222,330
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of New Bern			Grant Type and Number Capital Fund Program Grant No: NC0050000109R CFRC CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 CFRC		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP-1 (Trent Court)	Repoint Bricks on Apartment Buildings	1460	12	724,058.00	713,067.84	713,067.84	713,067.84	completed
	Replace Entry door seals, sweeps, thresholds	1460	420	34,194.56	38,390.18	38,390.18	38,390.18	completed
	Replace clotheslines	1460	211	49,215.79	49,881.69	49,881.69	49,881.69	completed
	Replace insulated glass	1460	250	17,782.50	8,954.31	8,954.31	8,954.31	completed
	Replace refrigerators w/Energy Star	1465.1	218	103,021.93	103,021.93	103,021.93	103,021.93	completed
	Replace 100 gal water heaters	1465.1	17	84,575.93	84,575.93	84,575.93	84,575.93	completed
	Replace 38 gal water heaters	1465.1	116	99,252.49	98,691.61	98,691.61	98,691.61	completed
	Replace day care center exterior wall	1470	1	19,867.80	25,049.10	25,049.10	25,049.10	completed
	Replace Office Building HVAC	1470	1	11,420.00	11,420.00	11,420.00	11,420.00	completed
	Replace Office Building Roof	1470	1	19,220.00	28,777.18	28,777.18	28,777.18	completed
	Replace Maintenance Building Roof	1470	1	4,645.00	5,464.23	5,464.23	5,464.23	completed
	Repoint Bricks on Office Building	1470	1	55,076.00	55,076.00	55,076.00	55,076.00	completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern P.O. Box 1486 New Bern, NC 28563 AMP-2 (Craven Terrace)		Grant Type and Number Capital Fund Program Grant No: NC0050000209R (CFRC) Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 CFRC FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	147,673.14	151,252.19	151,252.19	151,252.19
11	1465.1 Dwelling Equipment—Nonexpendable	48,815.11	45,054.06	45,054.06	45,054.06
12	1470 Non-dwelling Structures	28,863.75	28,863.75	28,863.75	28,863.75
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of New Bern		Grant Type and Number Capital Fund Program Grant No: NC0050000209R (CFRC) Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 CFRC FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	225,170	225,170	225,170	225,170
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	225,170	225,170	225,170	225,170
Signature of Executive Director		Signature of Public Housing Director			
Date				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

[illegible]

² To be completed for the Performance and Evaluation Report.

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary						
PHA Name/Number Housing Authority of the City of New Bern NC005			Locality (City/County & State) New Bern/Craven, NC		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name AMP-1	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	Annual Statement	0	680,000	510,000	1,000,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		787,472	787,472	787,472	787,472
L.	Total Non-CFP Funds		0	00	0	0
M.	Grand Total		787,472	1,467,472	1,297,472	1,787,472

Part I: Summary (Continuation)

PHA Name/Number Housing Authority of the City of New Bern NC005			Locality (City/county & State) New Bern/Craven, NC		X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name AMP-2	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B	Physical Improvements Subtotal	Annual Statement	0	150,000	360,000	3,540,000
C	Mgmt Improvements					
D	PHA-Wide Non-Dwelling Structures & Equipment					
E	Administration					
F	Other					
G	Operations					
H	Demolition					
I	Development					
J	Capital Fund Financing – Debt Service					
K	Total CFP		787,472	787,472	787,472	787,472
L	Total Non-CFP Funds		0	0	0	0
M	Grand Total		787,472	937,472	1,147,472	4327,472

Part I: Summary (Continuation)						
PHA Name/Number Housing Authority of the City of New Bern			Locality (City/county & State) New Bern/Craven, NC		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name PHA WIDE	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B	Physical Improvements Subtotal	Annual Statement	1,065,000	415,000	365,000	7,520,000
C	Mgmt Improvements					
D	PHA-Wide Non-dwelling Structures and Equipment					75,000
E	Administration		62,134	62,134	65,000	67,000
F	Other		40,000	40,000	40,000	40,000
G	Operations					
H	Demolition					
I	Development					
J	Capital Fund Financing – Debt Service					
K	Total CFP Funds		787,472	787,472	787,472	787,472
L	Total Non-CFP Funds		0	0	0	0
M	Grand Total		1,954,606	1,304,606	1,257,472	8,489,472

Part II: Supporting Pages – Physical Needs Work Statement(s)							
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>2</u> FFY <u>2013</u>			Work Statement for Year: <u>3</u> FFY <u>2014</u>			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
<i>See</i>	PHA-WIDE Replace interior wiring in apartments		35,000	AMP1 Replace front porch decks and porch roofs	68	680,000	
<i>Annual</i>	PHA-WIDE Plaster repair/painting/tile replacement/housekeeping vacant apartments		300,000	AMP2 Replace front porch decks and porch roofs	15	150,000	
<i>Statement</i>	PHA-WIDE Bathroom upgrades per apartment	100/yr	700,000	PHA-WIDE Replace interior wiring in apartments		35,000	
	PHA-WIDE Replace ranges and refrigerators		30,000	PHA-WIDE landscaping (replace lost trees and shrubs)		50,000	
				PHA-WIDE plaster repair/painting/tile replacement/housekeeping vacant apartments		300,000	
				PHA-WIDE Replace ranges and refrigerators		30,000	
			Subtotal of Estimated Cost			Subtotal of Estimated Cost	
			\$1,065,000			\$ 1,245,000	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>4</u> FFY <u>2015</u>			Work Statement for Year: <u>5</u> FFY <u>2016</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	AMP2 Replace front porch decks and porch roofs	36	360,000	AMP2 Replace front porch decks and porch roofs	82	820,000
Annual	AMP1 Replace front porch decks and porch roofs	51	510,000	AMP2 Replace front porch decks and porch roofs	21	210,000
Statement	PHA-WIDE replace ranges and refrigerators		30,000	AMP2 Repoint Brick Buildings		1,510,000
	PHAWIDE replace interior wiring in apartments		35,000	PHA WIDE second floor window screen replacement		300,000
	PHAWIDE repair plaster/painting/tile replacement/housekeeping vacant apartments		300,000	PHAWIDE replace ranges and refrigerators		30,000
				PHAWIDE replace interior wiring in apts		35,000
				PHAWIDE replace ranges and refrigerators		30,000
				PHAWIDE replace interior wiring in apts		35,000
			Subtotal of Estimated Cost	PHAWIDE repair plaster/painting/tile cleaning/housekeeping		300,000
			\$1,235,000	PHAWIDE install protective cages on HVAC exterior air handlers		150,000
		Work Statement for Year: <u>5</u> FFY <u>2016</u>		PHAWIDE install brick walls around dumpster pads		40,000

	PHAWIDE replace exterior hose bibs with recessed locking hose bibs and boxes		500,000	PHAWIDE install lights on basketball courts		30,000
	PHAWIDE install lockers and shower for Maintenance personnel		50,000	PHAWIDE replace all water and sewer lines		3,000,000
	AMP1 construct new administrative building		1,000,000	PHA WIDE replace fogged window panes		50,000
	AMP2 construct new administrative building		1,000,000	PHAWIDE reroof all Apartment buildings		1,000,000
	PHAWIDE replace all radios to meet FCC requirements		7,000	PHAWIDE create fenced parking lot for HA Maintenance vehicles		10,000
	PHAWIDE purchase Clerk of the Works vehicle		18,000			Subtotal of Estimated Costs
	PHAWIDE renovate all apartment kitchens		2,000,000			\$12,460,000
	PHAWIDE install decorative shutters to accentuate new porches		50,000			

Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>2</u> FFY <u>2013</u>		Work Statement for Year: <u>3</u> FFY <u>2014</u>	
	Development Number/Name	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	General Description of Major Work Categories			
See	PHA-WIDE Clerk of the Works salary & benefits	62,134	PHA-WIDE Clerk of the Works Salary & Benefits	62,134
Annual	PHA-WIDE A & E Services	40,000	PHA-WIDE A&E Services	40,000
Statement				
	Subtotal of Estimated Cost	\$ 102,134	Subtotal of Estimated Cost	\$ 102,134

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year <u>4</u> FFY <u>2015</u>		Work Statement for Year: <u>5</u> FFY <u>2016</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA-WIDE Clerk of the Works salary & Benefits	65,000	PHAWIDE Clerk of the Works Salary & benefits	67,000
Annual	PHA-WIDE A & E Services	40,000	PHAWIDE A & E Services	40,000
			PHAWIDE computer upgrades/replacements (hardware and software)	75,000
	Subtotal of Estimated Cost	\$ 105,000	Subtotal of Estimated Cost	\$ 182,000

**PIA Certifications of Compliance
with PIA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OPIH No. 5007.1-0206
Expires 06/30/2011

**PIA Certifications of Compliance with the PIA Plans and Related Regulations:
Board Resolution to Accompany the PIA 5-Year and Annual PIA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PIA official (there is no Board of Commissioners), I approve the submission of the ☐ 5-Year and/or ☐ Annual PIA Plan for the PIA fiscal year beginning (to be filled in) referred to as "the Plan", of which this document is a part and make the following certification and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy for any plan incorporating such strategy for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, in the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards (the membership of which represents the residents involved in the PIA), consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 902.11). The PHA has included in the Plan a subsection a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public housing available for public inspection at least 45 days before the hearing, posted a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 904 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by carrying their programs in proposed programs, identify any impediments to fair housing choice within these programs, address those impediments in a strategic action plan in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. The PHA Plan that includes a policy for site-based waiting lists:
 - The PHA regularly submits required data to HUD's 50078 PHCIMS Module in an accurate, complete and timely manner (as specified in PHC Notice 0006-24).
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which he or she, including basic information about available sites, and an estimate of the period of time the applicant would likely have to wait to be selected in units of different sizes and types at each site.
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought to HUD.
 - The PHA shall take reasonable measures to assure that each waiting list is consistent with a fair and equitable housing program.
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and regulations, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR (see 4) , Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 5 of the Housing and Urban Development Act of 1968, Employment Opportunities for Lower-Income Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 225.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

- Housing Authority of the City of New York
PHA Name:

Annual MHA Plan for Fiscal Years 2012

© 2005 Blackwell Publishing Ltd *Journal of Internal Medicine* 258: 339–347

Name of Authorized Official Ethel B. Sampson	Title Chairperson, Board of Commissioners
Signature <i>Ethel B. Sampson</i>	Date 10/17/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Page 1 of 2

Housing Authority of the City of New York

Project: Activity: Housing Public Housing Building

For the Housing Options Contract Fund Program (HUD) CHD

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful use of, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's work place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an on-going drug-free awareness program to inform employees --

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a;

d. Notifying the employee in the statement required by paragraph a, and, in a continuation of employment under the grant, the employee will --

2. **Site-By-Site Work Performance.** The Applicant shall list (on separate pages) the results for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

(1) Adhere by the terms of this statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d (2) from an employee or otherwise receiving actual notice of such conviction, the names of convicted employees (not provide notice, and not its previous info, to every agent officer or other designee or whom given notice the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices). Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph e (2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a, b, and f.

APP-1
Tenant, Owner, and Tenant Owner Certification
HUD-50075.1 (Rev. 10/2004)
New York, NY 10001

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

The undersigned certifies that all the information stated herein, as well as any information provided in the acknowledgment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Perjury may result in criminal and/or civil penalties.

Signed and dated on this _____ day of _____
By: Ray J. Smith
Signature
Title: Executive Director
Date: 10/12/2011
HUD-50075.1 (Rev. 10/2004)
rel./Feedback: 74-7.1, 7475-12, 7485-13, 2

Large sample size

Holding Surveyors of the City of New York
 Norman Smith, George C. DeLoach, and Paul J. Casper

2011: Hong Kong, October: Capital Fund Strategy (ICFP): CERS

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certification and agreement to the Department of Housing and Urban Development (DHUD) regarding the above listed below:

I certify that the above-named Applicant will or will continue to work full time for the employer for

4. Publishing a statement notifying employees that the use, sale, manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's work area and specifying the actions that will be taken against employees for violation of such prohibition.

- Establishing an on-going drug-free awareness program with all employees.

(2) The dangers of drug abuse in the workplace:

(5) The Applicant's policy of maintaining a drug-free workplace.

(7) Any available drug counseling, administration, and adherence assistance programs; and

(4) The penalties that may be imposed upon employees for true drug violations occurring in the workplace.

2. Making it a requirement that each employee to be engaged in the performance of the goal be given a copy of the statement required by paragraph 1;

d. Notifying the company as in the statement required by paragraph 8, true, as a condition of employment under the grant, the employee will:

(11) Abide by the names of the currents; and

(2) Notify the employees in writing of his or her commitment for a violation of a criminal dog-drama occurring in the workplace no later than five calendar days after each violation.

2. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (1)(2) from an employee or otherwise, regarding actual notice of such conviction. Employees of convicted law persons must provide notice, including pertinent facts, to every grant officer or other designee in whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number(s) of each affected grant.

2. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (1)(C), with respect to any employee who is not protected —

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the provisions of the Rehabilitation Act of 1973, as amended, or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health law enforcement, or other appropriate agency;

g. Modern system had effect to continue to maintain a drug free workplace through implementation of comprehensive policy.

2. **Sites for Work Performance:** The Applicant shall list (or separate pages the info) for the performance of work done in connection with the HHSU on any of the prearranged sites shown above. Place of Performance shall include the street address, city, county, state, and zip code. Address must comply with the Applicant name and address on the corresponding receiving mail label(s).

Central Office Post Center (0000)
807 S. Trent Street
New York, NY 10060

Click here ☐ if there are exceptions on the list and you'd like to add additional details

Warning: HUC will prosecute false claims and statements. Consequences may include monetary damages and/or imprisonment.
 2011-01-01, 2011-10-01, 2011-10-01, 2011-10-01, 2011-10-01, 2011-10-01

Source: U.S. Census Bureau, 1997.

Day 2, Sat. 11/10/18

184

Interim Executive Director

1994

1941743611

See HUB-50E70 (3/90)
ref. Handbook 7417.1, 7478.1, 7488.1, 7489.1, 7490.1

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Instructions

Housing Authority of the City of New York

Program/Activity: Receiving Federal Grant/Funds

Public Housing OutFunds; Capital Fund Program; CDFIC

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-113, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall ensure that the language of this certification be included in the award document for all awards to all tiers (including subcontractors, subgrantees, and grantees under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification to a program for making or entering into this transaction imposed by Section 1024, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided to me or requested from me, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1346, 1347, 31 U.S.C. 3201, 3202)

Name of Authorized Official:

Guy B. Smith

Title:

Interim Executive Director

Signature:

Date and Time:

10/17/2011

Previous edition is obsolete. Form HUD-50075.1 (4/08)

ref. Handbook (415) 1-14/16 10, 2008 1-14/16 10

Complete this form to disclose lobbying activities pursuant to 51 U.S.C. 1302.
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. nonprocurement agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/call for <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee HOLDINGS AUTHORITY OF THE CITY OF NEW BERN 807 SOUTH FRONT STREET BOX 1456 NEW BERN, NORTH CAROLINA 28563 Congressional District, if known: _____	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency: U.S. Department of HHS	7. Federal Program Name/Description: Public Housing Option; CHD; CHAD CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (Individual, last name, first name, MI) Name: _____	b. Individuals Performing Services (including address, if ordered from No. 10a) (last name, first name, MI) Name: _____	
11. Information required under this form is addressed by HR 2777, Public Law 102-242. This disclosure is required whether or not material representation of fact appears on this form and participants are not to be considered in compliance with this act unless they have submitted to an independent review by the Federal Election Commission. This disclosure is required for all individuals who are registered with the Federal Election Commission. This disclosure is required for all individuals who are registered with the Federal Election Commission. This disclosure is required for all individuals who are registered with the Federal Election Commission.	Signature _____ Print Name: <u>Guy B. Smith</u> Title: <u>Associate Executive Director</u> Telephone No.: <u>(757) 411-0910</u> FAX: <u>(757) 411-0911</u>	
Federal Use Only:	Approved for Use: _____ Approved Date: _____	

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Affairs
Expires 09/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Noting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, on the Certificate or when authorized PHA official if there is no Board of Commissioners, I approve the submission of the Plan for the PHA pursuant to this document as a part and with the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of the City of New Bern
PHA Name

NE005
PHA Number/HA Code

This is hereby filed at the Department of Housing and Urban Development, Office of Public and Indian Affairs, HUD, 400 Maryland Drive, Washington, D.C. 20512, and the Department of Housing and Urban Development, Office of Public and Indian Affairs, HUD, 400 Maryland Drive, Washington, D.C. 20512, and the Department of Housing and Urban Development, Office of Public and Indian Affairs, HUD, 400 Maryland Drive, Washington, D.C. 20512.

Name of Authorized Official	Title
Michael T. Sampson	Chief, Office of Board of Commissioners
<i>Michael T. Sampson</i>	Date 07/17/2011

Form HUD-50077-OR (1/2005)

OMB Approval No. 2577-0226

HOUSING AUTHORITY OF THE CITY OF NEW BERN

Department of Public Works
P.O. Box 1405

NEW BERN, NORTH CAROLINA 28553

(252) 633-0800

FAX: (252) 633-0400

FOR MORE INFORMATION
PLEASE CONTACT THE CITY OF
NEW BERN, NORTH CAROLINA
P.O. BOX 1405
NEW BERN, NC 28553
OR CALL (252) 633-0800
OR VISIT OUR WEBSITE
WWW.CITYOFNEWBERN.ORG

THREAT COUNTY 1 NO PR
COUNTY ROAD STREET 1 NO PR
COUNTY ROAD STREET 1 NO PR
COUNTY ROAD STREET 1 NO PR

October 17, 2011

Subject: CHALLENGED ELEMENTS

No elements of the FY2012 Annual Plan have been challenged


Greg R. Smith
Interim Executive Director

HOUSING AUTHORITY OF THE CITY OF NEW BERN

Administration Center 207 East Third Street

P.O. Box 1455

NEW BERN, NORTH CAROLINA 28550

(252) 632-0800

FAX: (252) 632-0400

COORDINATOR:
TERRY L. TAYLOR, JR., PH.D.
1000 WEST PINE STREET, NEW BERN
NORTH CAROLINA 28550
TEL: (252) 632-0800
FAX: (252) 632-0400
E-MAIL: TAYLOR@NCBH.ORG

TRENT COURT
SOUTH FRONT STREET
NEW BERN, NC 28550
TEL: (252) 632-0800
FAX: (252) 632-0400

October 17, 2011

Subject: RESIDENT ADVISORY BOARD COMMENTS
ANNUAL PLAN FY2012
FIVE-YEAR PLAN FY2013-2015

A Resident Advisory Board (RAB) Meeting was advertised and called for 8:00 p.m., Tuesday, October 11, 2011 to discuss the Annual and Five-Year Plan.

The Resident Advisory Board is comprised of all residents in AMP-1 and AMP-2 due to no active Resident Council in either AMP, in accordance with Housing Authority policy. A letter was delivered to each residence advising all residents of their inclusion on the Resident Advisory Board, along with the date, time and location of the meeting.

Another letter dated August 19, 2011 was delivered to all residents indicating that a draft copy of the Annual and Five-Year Plan was available for review at the Trent Court and Crown Terrace offices.

The Resident Advisory Board meeting was called to order at 8:00 p.m. on October 11, 2011. One resident attended the meeting. No recommendations, changes or comments were received to make any changes to the FY2012 Annual Plan or the FY2013-2015 Five Year Plan.


Guy R. Smith
Assistant Executive Director

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
4000 25th Street
Wash DC 20512-0001

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, _____ the _____ certify that the Five Year and
Annual PHA Plan of the Housing Authority of the City of New Bern is consistent with the
Consolidated Plan of the State of North Carolina (2011-2015) prepared pursuant to 24 CFR Part
61.

Signed / Dated by Appropriate State or Local Official

*Annual & 5 Year Plan has been submitted
to the Mayor of New Bern for this certification.*


G. B. Smith
Interim Executive Director

Form HUD-50077-SL (1/2/09)
OMB Approval No. 2577-0026